

LOW MATERNAL WEIGHT GAIN

(131)

PARTICIPANT TYPE.....PREGNANT WOMEN
HIGH RISK.....No

RISK DESCRIPTION:

Low maternal weight gain is defined as the following:

1. A low rate of weight gain such that in the 2nd and 3rd trimesters:
 - Underweight women gain less than 1 pound per week
 - Normal weight women gain less than 0.8 pound per week
 - Overweight women gain less than 0.5 pound per week
 - Obese women gain less than 0.4 pound per week
- OR
2. A pregnant woman's weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category on an Institute of Medicine (IOM)-based weight gain grid.

<u>Pregnancy Weight Groups</u>	<u>Total Weight Gain Range</u>
Underweight (BMI <18.5)	28-40 pounds
Normal Weight (18.5 to 24.9)	25-35 pounds
Overweight (25.0 to 29.9)	15-25 pounds
Obese (≥ 30)	11-20 pounds

Note: This risk is only relevant to singleton pregnancies.

ASK ABOUT:

- Knowledge and attitudes regarding weight gain
- Prenatal health care provider's weight gain recommendations
- Common problems of pregnancy affecting appetite and intake (nausea, vomiting, heartburn) and her coping strategies
- Physical activity level
- Appetite and typical meal and snack pattern
- Medical conditions (including pica, depression, history of disordered eating or chronic dieting, severe dental caries), medications that may affect appetite, and recent illnesses
- Access to prenatal care and whether she has been keeping her appointments
- Household and family environment including financial and emotional stresses, attitude and acceptance about the pregnancy, domestic abuse or assault from partner
- Smoking and other substance use or abuse

NUTRITION COUNSELING/EDUCATION TOPICS:

- Maternal weight gain during the 2nd and 3rd trimesters is an important determinant of fetal growth. Low maternal weight gain is associated with an increased risk of small for gestational age (SGA) infants, especially in underweight and normal weight women. Low maternal weight gain is also associated with failure to initiate breastfeeding and preterm birth among underweight women and to a lesser extent normal weight women.
- Discuss an appropriate weight gain goal based on her prepregnancy BMI. Explain that an adequate weight during the 2nd and 3rd trimesters is an important factor in having a healthy baby.
- Review the basics of a healthy diet using MyPyramid as a guide. Make appropriate suggestions based on her typical eating pattern such as:
 - Eat an adequate number of servings and amounts from each group (aiming for the higher end of the range of recommended servings or amounts).
 - Include some calorie-dense foods in the diet.
 - Strategies to increase the caloric density of the diet including adding nuts, dried fruit, dry milk powder, grated cheese and other ingredients.
 - Replace calorie-free foods with nutrient-dense food choices that provide calories.
 - Eat small meals and often (five or six smaller meals rather than two or three large meals).
 - For some women, drinking whole milk may be an appropriate recommendation for the duration of the pregnancy. (Whole milk cannot be issued by WIC unless it is issued with formula/medical foods.)
- Explore additional strategies for dealing with common problems of pregnancy that affect her appetite and food intake.
- If she seems reluctant to gain weight, remind her that the weight gain is for more than the baby's weight. Some of the weight gain is due to increased maternal blood volume, breast tissue, fat stores, and amniotic fluid.
- The provisional guidelines for twin and triplet gestations are as follows:
 - Twins: Gain 1.5 pound per week during the 2nd and 3rd trimesters
 - Triplets: Gain 1.5 pound per week throughout the pregnancy

POSSIBLE REFERRALS:

- If she is not receiving prenatal care or is not keeping her appointments, refer her to primary care providers in the community, the Optimal Pregnancy Outcome Program (OPOP) (<http://www.ndhealth.gov/opop/>), or the local public health department.
- If access to sufficient food is a concern, refer her to other community resources for food assistance.
- If oral health status is affecting her ability to consume an adequate diet, refer her to a local dental office or the local public health department (public health hygienists) for additional screening and referral services. More information about oral health services in ND can be found at <http://www.ndhealth.gov/oralhealth/>.

POSSIBLE REFERRALS (CON'T):

- If the household and family situation is so stressful that it affects her ability to care for herself and make appropriate feeding decisions, refer her to the Optimal Pregnancy Outcome Program (OPOP) (<http://www.ndhealth.gov/opop/>) or a social services agency.
- If she reports domestic violence or assault, refer her to community resources for help and assistance in securing a safe place to live.
- If substance use or abuse is a concern, refer her to community resources and treatment centers.